# New Jersey Department of Environmental Protection Office of Quality Assurance

## APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

## PART II

## **PERSONNEL**

1.	Name of Laboratory or Facility:
2.	New Jersey Certification ID# (if issued):
3.	Name of Manager or Lead Technical Director:
4.	Name and telephone # of Quality Assurance Officer:
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5	<b>Print</b> the name of supervisor(s) or technical director(s) next to the category supervised

5. **Print** the name of supervisor(s) or technical director(s) next to the category supervised (Personnel must meet the requirements as specified in N.J.A.C. 7:18-2.10 and/or NELAC standards chapter 4 section 4.1.1)

Name of Supervisor or Technical Director	Category Supervised <sup>1</sup>	Telephone #
	Microbiological Testing SDW01, WPP01 or SHW01	
	Chemical Testing SDW02, WPP02 (except turbidity & settleable solids), CAP01 or 04	
	Chemical Testing (analyze immediately) SDW03, WPP03 or SHW03	
	Chemical Testing SDW04, WPP04, SHW04, 09, 10 or CAP02	
	Chemical Testing SDW05, 06, WPP05, 06, 07, SHW05, 06, 07, 08, 09, 10, 11, 12 or CAP03	
	Chemical Testing CLP01 or 02	
	Radiochemical Testing SDW07, 08, WPP09 or 10	
	Radon Testing (Air) RAP01	
	Toxicity Testing WPP08	

<sup>&</sup>lt;sup>1</sup>Refer to Part III of the application for a listing of the parameters within each category

Note: For ELCP application, if the company is only applying for Che mical Testing in analyze-immediately categories SDW03, WPP03 and/or SHW03 for residual chlorine, chlorine dioxide, residual ozone, dissolved oxygen with probe, sulfite, temperature, pH, PWTA sampling parameters and/or categories SDW02 & WPP02 for turbidity and residue - settleable, the supervisor shall have had at least three months of experience performing these tests. A degree is not required.

A. Educational Information (complete if applicable)

#### INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates A	ttended To	Major	Minor	Credit Hrs.	Degree <sup>1</sup> and Date
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<sup>1</sup>If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013

Telephone Number (212) 966-6311

B. Employment Record - For the technical director listed in 6 above, describe each position in which s/he has been employed, stressing years experience in the supervised category of certification sought by the company.

Name & Address of Employ	/er (present position)	Description of Applicable Work  ☐ check here if continued on additional sheet
Title of Position		
Dates of Employment (mo/yr.) From / To /	Total Time Employed Yrs. Mos.	
☐ Full Time ☐ Part Time	If Part Time, Give Number of Hrs. Worked Per Week	
Name & Address of Employ	ver	Description of Applicable Work  ☐ check here if continued on additional sheet
Tital CD its		
Title of Position		
Dates of Employment (mo.&yr.) From / To / Total Time Employed Yrs. Mos.		
☐ Full Time ☐ Part Time	If Part Time, Give Number of Hrs. Worked Per Week	

Note: Information requested in 7A and B below must be submitted for each QA officer for an ELCP application. If the person designated as the QA officer is listed in "6" above, you need not complete A and B below. However, you must list the name of the QA officer on line "7" below. If there is more than one QA officer, 7A and B below should be copied, completed and included with the application for each additional QA officer.

For a company that is certified or seeks to be certified in any of Categories CLP01 and 02, the QA officer shall be qualified to perform the analyses under the CLP categories of analysis. For all other Categories, the QA officer shall meet the applicable requirements of a supervisor in N.J.A.C. 7:18-2.10(b).

7.	Name	of Quality Assurance (QA) Officer
	A.	Educational Information for Quality Assurance Officer (complete if applicable)

### **INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION**

Name & Address of College or University	Dates Attended		Major	Minor	Credit Hrs.	Degree <sup>1</sup>
	From	То				and Date

<sup>1</sup>If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, N ew York, NY 10013

Telephone Number (212) 966-6311

B. Employment Record - For the QA officer listed in "7" above, describe each position in which s/he has been employed, stressing experience in meeting the QA officer requirements in the category of certification sought by the company.

Name & Address of Employ	Ver (present position)	Description of Applicable Work  ☐ check here if continued on additional sheet
Title of Position		
Dates of Employment (mo/yr.) From / To /	Total Time Employed Yrs. Mos.	
☐ Full Time ☐ Part Time If Part Time, Give Number of Hrs. Worked Per Week		
Name & Address of Employ	ver	Description of Applicable Work  ☐ check here if continued on additional sheet
Name & Address of Employ  Title of Position	ver	
	Total Time Employed Yrs. Mos.	

8. **Print** the name of the operator(s) next to the instrument operated for the following areas of testing. (Personnel must meet the requirements as specified in N.J.A.C. 7:18- 2.10 for ELCP)

Name of Operator(s)	Instrument	Personnel Requirement Reference
	ICP/MS	N.J.A.C. 7:18-2.10(b)5
	TEM	N.J.A.C. 7:18-2.10(b)6
	GC/MS	N.J.A.C. 7:18-2.10(b)8
	LC/MS	N.J.A.C. 7:18-2.10(b)8

Note:	Information requested in 9A, B and C below must be submitted for each instrument operator listed in 8 above. If there is more than one instrument operator, 9A, B and C below should be copied, completed and included with the application for each additional operator.				
9.	Name	of Instrument Operator listed in 8 above			
	Δ	Educational Information (complete if applicable)			

### INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates A	Attended	Major	Minor	Credit Hrs.	Degree <sup>1</sup>
	From	To				and Date

<sup>&</sup>lt;sup>1</sup>If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013

Telephone Number (212) 966-6311

B. Employment Record - For the instrument operator listed in "8" above, describe each position in which s/he has been employed, stressing experience in the instrument operated.

Name & Address of Employ	yer (present position)	Description of Applicable Work  check here if continued on additional sheet
Title of Position		
Dates of Employment (mo/yr.) From / To /	Total Time Employed Yrs. Mos.	
☐ Full Time ☐ Part Time If Part Time, Give Number of Hrs. Worked Per Week		
Name & Address of Employ	ver	Description of Applicable Work  ☐ check here if continued on additional sheet
Title of Position		
Dates of Employment (mo.&yr.) From / To / Total Time Employed Yrs. Mos.		
☐ Full Time ☐ Part Time If Part Time, Give Number of Hrs. Worked Per Week		

Name and Addre	ss of Company	Name of Course	Sponsor of Course	Dates Atte					
Name of Instru	ıment Operator l	isted in 8							
C. Training Course Record - (complete if applicable)									

Name and Address of Company	Name of Course	Sponsor of Course	Dates Attended		Hrs/ week
Conducting Course			From	To	attended

Name of Instrument Operator listed in 8
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Name and Address of Company	Name of Course	Sponsor of Course	Dates Attended		Hrs/week
Conducting Course			From	To	attended

Name of Instrument Operator listed in 8	

Name and Address of Company	Name of Course	Sponsor of Course	Dates Attended		
Conducting Course			From	To	attended